



Date:	BUILDING PERMIT APPLICATION	Permit #:
Time:		(817) 685-1630
By:		(817) 685-1628 FAX

Type of Application (Build, HVAC, Electric, Plumbing, etc.)				Job Address:				Suite #	
Block:	Lot:	Total Value of Work: \$				Permit Fee: \$			
Cond. Space Sq. Ft.	Total Sq. Ft.	New Construction: <input type="checkbox"/> Yes <input type="checkbox"/> No				Fire Sprinkler: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subdivision:	Setbacks	Front:	Left:	Rear:	Right:				
DESCRIPTION OF WORK:									
General Contractor:				Address:			City:	ZIP:	
Office #:	Cell #:	Fax #:		Email:					
Electrical Contractor				Address:			City:	ZIP:	
Office#	Cell#:	Fax#:		Email:					
Plumbing Contractor				Address:			City:	ZIP:	
Office#:	Cell#:	Fax#:		Email:					
Mechanical Contractor				Address:			City	ZIP:	
Office#:	Cell#:	Fax#:		Email:					
Concrete Contractor				Address:			City:	ZIP:	
Office#:	Cell#:	Fax#:		Email:					
If Job is over \$50,000 value we need the TDLR Number:									
Plumbing Contractors must provide a drawing for all work considered in the application.									
Credit Card#		Expiration Date:			Mastercard <input type="checkbox"/> or VISA <input type="checkbox"/>				
<p>I have read the completed application and know the same is true and correct and hereby agree that if a permit is issued all provisions of the City Ordinances, Adopted Codes and State Laws will be complied with whether herein specified or not. I agree to comply with all property restrictions. I am the owner of the property or his duly authorized agent. Permission is hereby granted to enter the premises and made all inspections.</p>									
PRINT NAME:				SIGNATURE:					
CONTACT PHONE:				DRIVERS LICENSE #:					

FOR OFFICE USE ONLY

Remarks:	PERMIT FEE	\$	DENIED COMMENTS:
	METER & BOX	\$	
	WATER IMPACT FEE	\$	
	SEWER IMPACT FEE	\$	
	OPTICOM FEE	\$	
	PLAN REVIEW FEE	\$	
	TOTAL	\$	
Checked By:	Date:	Comments: Approved as noted. Must comply with City of Euless requirements.	

Form Updated 07-2010